

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

### 4990

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE <i>Judge</i>	FIRST <i>Evelyn</i>	MI <i>P</i>
	NICKNAME <i>McKee</i>	LAST <i>McKee</i>	SUFFIX
OFFICE USE ONLY			
Date Received <i>02 JAN 15 PM 1:25</i>			
DANA DEBEAUVOIR COUNTY CLERK TRAVIS COUNTY, TEXAS			
FILED			
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: <i>PO Box 142495</i>	APT / SUITE #: <i>Austin, TX</i>	CITY: STATE: ZIP CODE: <i>78714</i>
<input type="checkbox"/> Change of Address			
5 CAMPAIGN TREASURER NAME	TITLE <i>Dr.</i>	FIRST <i>Evanton</i>	MI
	NICKNAME <i>Delco</i>	LAST	SUFFIX
Receipt #			
HD / PM		Amount	
Date Processed			
Date Imaged			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1805 Astor Pl AUSTIN, TX 78721</i>		
7 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>926-2424</i>	EXTENSION
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>11 / 20 / 01    1 / 14 / 02</i>		
10 ELECTION	ELECTION DATE Month Day Year <i>03 / 1 / 02</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) <i>County Court At Law #7</i>	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **</p> <p>Name</p> <p>Address / PO Box; Apt / Suite #; City; State; Zip Code</p>		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Evelyn PMcKee

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

12/11/01

EMORY Young & Assoc.

7 Amount (\$)

1,000

6 Payee address; City; State; Zip Code

700 LAUACT  
Austin, TX 78701

8 Purpose of expenditure

consulting fees

9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

Date

Payee name

12/21/01

EMORY Young

Amount (\$)

1891.22

Payee address; City; State; Zip Code

700 LAUACT  
Austin, TX 78701

Purpose of expenditure

printed material

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

Date

Payee name

12/21/01

Scott Newton

Amount (\$)

125.00

Payee address; City; State; Zip Code

3012 Oakcrest  
Austin, TX 78704

Purpose of expenditure

photo

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

Date

Payee name

1/4/02

Office Mtr

Amount (\$)

32.66

Payee address; City; State; Zip Code

Capital Plaza  
Austin, TX 78723

Purpose of expenditure

office supplies

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

*Wesley P. McKee*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*1/7/02*

5 Full name of contributor

*Jewel McKenzie*

out of state PAC

7 Amount of contribution (\$)

*50.00*

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

*3007 Crest Ave,  
DALLAS, TX 75216*

9 Contributor's principal occupation

*RETIRED*

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

*1/9/02*

Full name of contributor

*TRIS CARR*

out of state PAC

Amount of contribution (\$)

*50.00*

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

*3011 Crest Ave,  
DALLAS, TX 75216*

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>Evelyn P. McKee</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>12/1/01</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Myra McDowell</i>	7 Amount of contribution (\$) <i>500.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3910 Knollwood Austin, TX 78731</i>			
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>Bickerstaffe, Heath, Sully</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>1/7/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Jeffrey James</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3232 MLK AUSTIN, TX 78721</i>			
Contributor's principal occupation <i>Physician</i>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>1/7/02</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>LAN Ingalls</i>	Amount of contribution (\$) <i>100.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Contributor's principal occupation <i>Attorney</i>		Contributor's job title	
Contributor's employer/law firm <i>Self</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>Gwelyn P. McKee</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>11/28/01</i>	5 Full name of contributor <i>Joe Turner</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>1504 West Ave. Austin, TX 78701</i>			
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>self</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>11/28/01</i>	Full name of contributor <i>Bruce Fox</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>404 W. 13th Austin, TX 78701</i>			
Contributor's principal occupation <i>attorney</i>		Contributor's job title	
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>11/28/01</i>	Full name of contributor <i>Dexter Gilford</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>700 San Antonio Austin, TX 78701</i>			
Contributor's principal occupation <i>Attorney</i>		Contributor's job title	
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

*Welyn PMCKee*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*11/23/01*

5 Full name of contributor

*Welyn PMCKee*  out of state PAC

6 Contributor address; City; State; Zip Code

*PO Box 142445  
AUSTIN, TX 78714*

7 Amount of contribution (\$)

*500.<sup>00</sup>*

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

*Judge*

10 Contributor's job title

11 Contributor's employer/law firm

*City of Austin*

12 Law firm of contributor's spouse (if any)

*BROWN, McCARROLL*

13 If contributor is a child, law firm of parent(s) (if any)

Date

*11/23/01*

Full name of contributor

*VELVA PRICE*  out of state PAC

Contributor address; City; State; Zip Code

*1601 Ridgemont  
AUSTIN, TX 78723*

Amount of contribution (\$)

*250.<sup>00</sup>*

In-kind contribution description (if applicable)

Contributor's principal occupation

*ATTORNEY*

Contributor's job title

Contributor's employer/law firm

*DON KORTMAN ASSOC.*

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

*11/23/01*

Full name of contributor

*LARRY SAUER*  out of state PAC

Contributor address; City; State; Zip Code

*1004 West Ave  
AUSTIN, TX 78701*

Amount of contribution (\$)

*100.<sup>00</sup>*

In-kind contribution description (if applicable)

Contributor's principal occupation

*Attorney*

Contributor's job title

Contributor's employer/law firm

*Self*

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS (JUDICIAL)

# SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J):

2 FILER NAME

*Evelyn P. McKee*

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date <i>11/23/01</i>	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			

10 Pledgor's principal occupation	11 Pledgor's job title
12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)
14 If pledgor is a child, law firm of parent(s) (if any)	

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Pledgor's principal occupation	Pledgor's job title
Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
If pledgor is a child, law firm of parent(s) (if any)	

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Pledgor's principal occupation	Pledgor's job title
Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
If pledgor is a child, law firm of parent(s) (if any)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.